

Exhibit 8

DISABILITY CERTIFICATE

PATIENT NAME:

DATE OF INJURY: _____

DIAGNOSIS: _____

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

☒ It is my opinion that the patient is disabled from work / other from 9/14/09 to 10/14/09.

☐ The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include:

_____ Lifting objects that weigh more than _____ pounds.

_____ Excessive bending:

_____ Excessive twisting:

_____ Prolonged standing:

_____ Other: _____

☐ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

☐ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

☐ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

☒ **DRIVING:**

SIGNATURE OF PHYSICIAN: _____ DATE: 9/14/09

PHYSICIAN'S NAME: R. J. [Signature]

11/22/2000 13:11 FAX 12483541114

FAX

001/001

DISABILITY CERTIFICATE

PATIENT NAME:

DATE OF INJURY:

DIAGNOSIS:

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

☒ It is my opinion that the patient is disabled from work / other from 6/25/09 to 7/25/09.

The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include:

_____ Lifting objects that weigh more than _____ pounds.

_____ Excessive bending.

_____ Excessive twisting.

_____ Prolonged standing.

_____ Other: _____

☒ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

_____ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

_____ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

☒ **DRIVING:**

SIGNATURE OF PHYSICIAN:

DATE:

PHYSICIAN'S NAME:

Disability CertificatePatient Name:

Date Of Injury: ___/___/___

Diagnosis: Cervical In - Cervical

I have examined and/ or treated the above mentioned patient for injuries sustained in the aforementioned accident. As result of the injuries, I have disabled this patient from those activities marked with a check mark .

☒ It is my opinion that the patient is disabled from work/ other from 2/11 to present

☐ The patient is able to return to his/her employment at this time with restrictions from regular work duties from the date of the accident until ___/___/___ The restrictions include:

- ☐ Lifting objects that weigh more than _____ pounds.
- ☐ Excessive bending
- ☐ Excessive twisting
- ☐ Prolonged standing
- ☐ Other: _____

☒ Housework: As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying groceries or garbage.

☐ Attending Care: bathing, toileting (Bladder and bowel requirements, bed pan routines, movement to and from the bathroom) transferring from a bed, chair or other structure and moving about indoors and outdoors, moving, turning and positioning the body while in bed or in a wheelchair, eating, and preparing meals, dressing and changing clothes and taking medications or other remedies that are ordinarily self - administered.

☐ Caring for patient's children: which may involve bending, lifting, and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning up after the children

☒ Driving

Physician Name: DR. James BealeDate: 3/10/11Physician Signature: James E Beale

DISABILITY CERTIFICATE

PATIENT NAME

DATE OF INJURY:

DIAGNOSIS:

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

It is my opinion that the patient is disabled from work / other from 10/26/09 to 11/26/09.

The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include:

_____ Lifting objects that weigh more than _____ pounds.

_____ Excessive bending:

_____ Excessive twisting:

_____ Prolonged standing:

_____ Other: _____

_____ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

_____ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

_____ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

_____ **DRIVING:**

SIGNATURE OF PHYSICIAN:

[Signature]

DATE: 10/26/09

PHYSICIAN'S NAME:

Dr. Faw

07/08/2001 12:13 FAX 12483541114

FAXMEDICALEVALUATIONS

001/001

22B077791

DISABILITY CERTIFICATE

PATIENT NAME:

DATE OF INJURY:

DIAGNOSIS:

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

It is my opinion that the patient is disabled from work / other from 2/1/09 to 1/14/10

The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include.

_____ Lifting objects that weigh more than _____ pounds

_____ Excessive bending

_____ Excessive twisting

_____ Prolonged standing

_____ Other _____

☒ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries

☒ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects

☒ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children

☒ **DRIVING:**

SIGNATURE OF PHYSICIAN

DATE

12/11/09

PHYSICIAN'S NAME

DR. Iskander

DISABILITY CERTIFICATE

PATIENT NAME: DATE OF INJURY: 12-29-07

DIAGNOSIS: Cervical + Lumbar Radiculopathy

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

X It is my opinion that the patient is disabled from work / other from 9-3-08 to 10-3-08 Pen-eval

 The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until . The restrictions include:

 Lifting objects that weigh more than pounds.

 Excessive bending:

 Excessive twisting:

 Prolonged standing:

 Other:

0 **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

0 **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

 CARING FOR THE PATIENT'S CHILDREN: Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

0 **DRIVING:**

SIGNATURE OF PHYSICIAN: R. Gundabacan DATE: 9-3-08

PHYSICIAN'S NAME: R GUNDA BACAN

DISABILITY CERTIFICATE

PATIENT NAME: OF INJURY: 4/6/11DIAGNOSIS: Lumbar strain & spasm

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

☒It is my opinion that the patient is disabled from work / other from 4/19/11 5/19/11

☐ The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include:

☐ Lifting objects that weigh more than _____ pounds.☐ Excessive bending:☐ Excessive twisting:☐ Prolonged standing:☐ Other: _____

☒ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

☐ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

☐ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

☒ **DRIVING:**SIGNATURE OF PHYSICIAN: S. J. HobanDATE: 4/19/11PHYSICIAN'S NAME: Dr. Hoban

10302012

J. CHRISTOPHER TRAINER

09/23/2011 FRI 08:24AM

RECEIVED: MAY 17 2011 NO. 3830

5270

DISABILITY CERTIFICATE

PATIENT NAME

DATE OF INJURY:

3/8/11

DIAGNOSIS:

Whiplash Neck

Low Back Pain

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

☒ It is my opinion that the patient is disabled from work / other from 5/3/11 to 6/3/11

☐ The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include:

☐ Lifting objects that weigh more than _____ pounds.

☐ Excessive bending:

☐ Excessive twisting:

☐ Prolonged standing:

☐ Other: _____

☒ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

☐ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

☐ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

☒ **DRIVING:**

SIGNATURE OF PHYSICIAN:

P. J. Hoban

DATE: 5/3/11

PHYSICIAN'S NAME:

Dr. Hoban

5800

DISABILITY CERTIFICATE

PATIENT NAME



DATE OF INJURY:

4/6/11

DIAGNOSIS:

Cervical, Thoracic, Lumbar Strain

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

☒ It is my opinion that the patient is disabled from work / other from 5/19/11 to 6/19/11.

☐ The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include:

☐ Lifting objects that weigh more than _____ pounds.

☐ Excessive bending:

☐ Excessive twisting:

☐ Prolonged standing:

☐ Other: _____


☒ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

☒ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

☒ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

☒ **DRIVING:**

SIGNATURE OF PHYSICIAN:



DATE:

5/19/11

PHYSICIAN'S NAME:

Dr. Quiraga

DISABILITY CERTIFICATE

PATIENT NAME: _____ DATE OF INJURY: 5/18/09

DIAGNOSIS: Lumbago

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

It is my opinion that the patient is disabled from work / other from 10/1/04 to 7/31/05

2 The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until 10/1/80. The restrictions include:

☒ Lifting objects that weigh more than 15 pounds.

Q Excessive bending:

✂ Excessive twisting:

___ Prolonged standing:

Other: _____

HOUSEWORK: As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

CARING FOR THE PATIENT'S PERSONAL NEEDS: Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

CARING FOR THE PATIENT'S CHILDREN: Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

DRIVING:

SIGNATURE OF PHYSICIAN: _____ **DATE:** _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S NAME: Dr. Quinlan

DISABILITY CERTIFICATE

PATIENT NAME:

DATE OF INJURY: 5/2/08

DIAGNOSIS: CERVICAL RADICULOPATHY, LUMBAR STRAIN

I have examined and/or treated the above name patient for injury sustained in the aforementioned accident. As a result of the injuries, I have disabled the person from those activities that are marked with an "X".

☒ It is my opinion that the patient is disabled from work / other from _____ to _____.

_____ The patient is able to return to employment at this time, but is restricted from regular work duties from the date of accident until _____. The restrictions include:

_____ Lifting objects that weigh more than _____ pounds.

_____ Excessive bending:

_____ Excessive twisting:

_____ Prolonged standing:

_____ Other: _____.

☒ **HOUSEWORK:** As some housework may involve bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs, and toilets, moving furniture, picking up objects on the floor, carrying garbage or groceries.

☒ **CARING FOR THE PATIENT'S PERSONAL NEEDS:** Which may involve bending, lifting, twisting, and prolonged standing as required by bathing the patient, dressing the patient, and lifting objects.

☒ **CARING FOR THE PATIENT'S CHILDREN:** Which may involve bending, lifting and prolonged standing as required by changing children's clothes, bathing children, cooking for the children, watching the children, feeding the children, cleaning and straightening up after the children.

☒ **DRIVING:**

SIGNATURE OF PHYSICIAN: _____

DATE: 6/23/08

PHYSICIAN'S NAME: DR. GUNABALAN